KS AuthentiCare Frequently Asked Questions (FAQs)
Follow-up to KS AuthentiCare Launch
Version 3, May 5, 2012

General Resource Information:

- The KS AuthentiCare User Manual can help you research any system issues that you encounter because it fully explains all the functions you use in KS AuthentiCare. As with most documents of this type, searching by topic is often the first step. https://ext.fdgs.com/kansas/KSAuthentiCareUserManual.pdf

- If you are unable to answer your question by using the KS AuthentiCare User Manual or the FAQs, you can contact First Data Client Support services at 1-800-441-4667, Option 6 or clientsupport@firstdata.com for assistance.

- For questions regarding authorizations, the client's plan of care or policies of KDOA or SRS, contact KSAuthentiCare@aging.ks.gov .

- The letter to clients about KS AuthentiCare is posted at htthttp://www.aging.ks.gov/HCBSProvider/KS_AuthentiCare/KAC_Index.html. Spanish translations of the worker instructions, service and activity codes, and options for billing of claims with TPL not covered by blanket denial information are also posted there.

- As a reminder, the December 16, 2011 FAQs and the January 31, 2012 FAQs are posted on the KDOA website at http://www.aging.ks.gov/HCBSProvider/KS_AuthentiCare/KAC_Index.html .

- This set of FAQs (Version 3) will be combined with the other two sets into one document for posting to the KDOA website for future reference.

Third Party Liability (TPL):

1. Question:
CMS did not issue a blanket denial for Third Party Liability (TPL) in regard to Financial Management Services (FMS). Since the TPL edit has been enabled on FMS services, what happens if there is no blanket denial information for certain insurers in KMAP?

Response:
Just as it is for other services, when a claim is denied in KS AuthentiCare for lack of TPL information, providers are to wait for their 835 to show the denial, go to KMAP to enter the TPL information on the claim, and resubmit in KMAP. Refer the Options for Billing TPL Denials on the KDOA Provider Resource Page, KDOA website: http://www.aging.ks.gov/HCBSProvider/KS_AuthentiCare/KAC_Index.html .

General Provider/System Questions:

1. Question:
How are authorizations loaded into KS AuthentiCare?

Response:
Authorizations are loaded into KS AuthentiCare monthly. The authorizations you see in AuthentiCare run the beginning through the end of each month, and have the monthly allotment of Plan of Care units. We do not receive or display weekly allotments.

2. Question:
When does an authorization update come to KS AuthentiCare from KMAP?

Response:
Generally speaking, when a Plan of Care (POC) is approved in KMAP's MMIS, the authorization that reflects that approval is exported to KS AuthentiCare overnight. If providers are waiting for authorizations so they can confirm claims, the claims should be ready for confirmation the day after the POC is approved in MMIS.

3. Question:
Does there need to be an authorization in KSAuthentiCare before a worker can use the EVV call in/out?

Response:
No. As long as the client has been sent over from HP then the check ins/check outs can happen. If the phone number on the client record is accurate, then when the worker checks in/checks out, it will recognize the client the worker is checking in or out for. As long as the client is currently associated with your agency and the authorization has been sent over from KMAP, the check-ins/check-outs can happen. You will not, however, be able to confirm the claim until the day after the POC for that client is approved. (The authorization update will export from KMAP to KS AuthentiCare overnight.)

4. Question:
In MMIS, if any detail line on the POC is updated, it places the entire POC out of approval status. Do only approved POCS come to KS AuthentiCare from KMAP?

Response:
KS AuthentiCare receives approved and all other status types of authorizations. When a POC goes from approved status to evaluation status, the authorization is end dated that date. A worker can still check-in/check-out for a client who is associated with the provider agency, but the claims will have an authorization exception until KS AuthentiCare gets an updated authorization for the approved status of that POC. For a brand new consumer to the provider agency, the authorization will not be in KS AuthentiCare until the POC is approved.

5. Question:
I am a new PERS installer. How do I record my installation using the IVR?

Response:
IVR usage to report the install is required. It is check in only to record the claim. There is no check out required.

6. Question:
How do I set up additional users at my agency?

Response:
Using your KS AuthentiCare Administrator login, you can create additional users from your follow the steps to add additional administrators. You will also need to add your workers. The system will create 5-digit Ids for the workers to use when calling the IVR.

7. Question:
If providers confirm claims daily for past dates, does that indicate that providers are paid by KMAP more than once weekly?

Response:
No. The KMAP schedule of payment does not change. All claims confirmed by midnight Thursday are scheduled for claims processing for payment the following week.

8. Question:
Does KS AuthentiCare track authorized services by the day, the week, or the month?

Response:
KS AuthentiCare does not receive daily or weekly services from KMAP. Authorizations for services are displayed monthly in KS AuthentiCare.

Report Questions:

1. **Question:**
Is there a report that will print out the notes we have written?

Response:
No, but when you pull a batch of claims, you will be able to view the notes. You can print screen the web page.

2. **Question:**
Can a Time and Attendance report be run by client name (alpha order) instead of by worker so that we are able to check for to compare total units used to the authorized units on the Plan of Care?

Response:
Yes. Providers can run the Time and Attendance report and select sort 1 = client name.

3. **Question:**
Can the Time and Attendance report show all workers working for each client as a total for that client instead of totals per worker? Can we have a total unit amount and dollar amount per client instead of per worker?

Response:
This report groups by worker and by provider. If you want a report grouped by client, you can use the Claim Detail report which has the option of "group by client" on the filter page. Also the Claim Data Listing report can be sorted in Excel and grouped however you wish.

4. **Question:**
We currently sort the Claim Detail report by beneficiary ID number. Can it be sorted by client name as well?

Response:
This item is already on the list of enhancements to KS AuthentiCare.

5. **Question:**
Can the Claim Detail report calculate the total number of units rather than the total number of claims?

Response:
Not at this time. This is also listed as a possible enhancement to the report.

6. Question:
After completing a bulk confirmation, is there a report that can be run that shows providers what has just been confirmed to export with the client name and dollar amount? We get a report the next day showing what was exported, but providers would like a confirmed billing report in real time.

Response:
What claims you confirm today export to KMAP overnight. You can run a claims report for the date range you will confirm, but it will include claims other than the ones that you have just confirmed. The next day, after the claims have exported to KMAP, your query with the date range of the day after your confirmations should reveal the claims you confirmed the day before. A grand total is given when setting up the bulk confirm, but no individual client totals are available.

7. Question:
What report would I use to see the dollar amount of the claims exported?

Response:
The report you might want to use is the Claim Data Listing report. You can save it to Excel, then sort it as you wish. One column is entitled "billed amount" which should give you the dollar amount of the claims exported. This report is explained on page 151 of the KS AuthentiCare User Manual.

8. Question:
After you upload your .zip 835, which would be the best report to use to view all the KS AutheniCare claims vs. KMAP?

Response:
The Claim Data Listing report would be a good report to use for this purpose. It does contain payment information and since it is laid out in Excel, you can sort the spreadsheet anyway you want once the report is complete. Also, the Remittance Data Listing is specifically geared towards displaying the info that is imported via the 835.

IVR Questions:

1. Question:
How do I set the IVR to Spanish for my Spanish-speaking workers?

Response:
The IVR is available in English and in Spanish. Please check Chapter 6.3 in the KS AuthentiCare User Manual for the instructions to update/edit worker information on the web. Language is one of the choices. Once Spanish is selected, the worker will hear the IVR in Spanish.

2. Question:
What happens if a worker forgets to check out on the IVR, then checks in for her next shift with the same client? Will the IVR think that is a check out of the first shift?

Response:
After entry of the worker ID, the caller is always prompted to check in or to check out. When the worker arrives for the second shift, the worker has to take care not to select "check out." If the worker selects "check in," then works her shift, and checks out, the subsequent check out will match the second check-in and not the first check-in. At the end of the day, the first check-in
would be an orphan record, and would need to be updated on the web, but the second check-in and check-out would match up fine.

3. Question:
How do workers utilize the IVR when there are more than one worker approved to work during the same time period?

Response:
All workers can and should call in. The first one will have to hang up after checking in with his/her worker ID. This process would continue for any workers who need to check in/check out.

Claims Questions:

1. Question:
Can I calculate data on the express screen?

Response:
The express screen is designed for raw data entry, and doesn't do any calculations or work flow exceptions.

2. Question:
When a payroll person enters 4 or 5 check-ins/check-outs on the Express Screen for a worker who comes to do one small chore, returns later to bathe the consumer, then returns another

time that same day to provide another activity, etc., the payroll person notes a total for each claim. Could there be a total for the day in addition to the total for each claim?

Response:
The Express Screen is designed for raw data entry, and does not do calculations or work flow exceptions.

3. Question:
In the confirm billing view, after the consumers who were approved individually and confirmed billing was selected, the system kicked us out and returned us to the login page. After logging back in it took us back to the confirm billing view page, but the claims were no longer selected to be confirmed. Did we time out of the system?

Response:
The session times out after 20 minutes. This is done for security purposes. The bulk option is the alternative for providers confirming a large number of claims.

4. Question:
When working with critical exceptions on the dashboard to correct a worker-chosen option on a claim, is there a way to not have to start all over after inputting changes?

Response:
When you save a claim, it takes you to the acknowledgement screen that reflects your changes. Hit that link on the top left that says "claim search results," and it will take you back to the claim list rather than all the way out.

5. Question:
I have been confirming claims from my dashboard. Is there an easier way to confirm claims than from the dashboard?

Response:
Confirming claims from the dashboard is not the best way. Providers should simply set up bulk confirmations when they have all claims corrected. These will not immediately go to Green Status on the dashboard – the claims will only change color once the claims are exported to HP early the next morning.

6. Question:
How do you confirm claims through bulk confirmation?

Response:
In KS AuthentiCare, when you request a bulk confirmation it gives you the claim, unit, and amount totals prior to scheduling the confirmation. You can also open individual claims and hit the "view audit" link to see *who* in the provider agency confirmed/edited a claim. All bulk confirmation requests should be made by midnight.

7. Question:
If information on a claim is incorrect after KS AuthentiCare sends the claim to KMAP, what do I do?

Response:
If you need to edit the actual claim details, you will need to void, upload the 835 to KS AuthentiCare, and resubmit the newly created through KS AuthentiCare.

8. Question:
When KS AuthentiCare exports claims, how long does it take for KMAP to accept them?

Response:
The expectation is these are automatically transferred to KMAP and accepted there within 2 hours. We've added extra monitoring to this process to ensure the claim file is not only sent to KMAP but also functionally accepted.

9. Question:
If a claim denies due to client obligation amount and/or assignment, or ineligibility status, does the provider re-submit the claim through KSAuthentiCare once the client obligation amount and/or assignment, or eligibility status, is fixed, or do they resubmit in KMAP?

Response:
As long as you are not making adjustments to the claim itself – so you are only hitting resubmit when you see the eligibility and/or client obligation amount/assignment appear – you should do the "re-submit" in KMAP. Then the correct record will be in AuthentiCare, and it will be updated to "paid" once the 835 reflecting this re-submittal is uploaded.

10. Question:
Please review how providers lessen their duplicate claims denials.

Response:
KMAP views the date of services for claims, not the date and time of service. All claims for a client receiving one particular service on a given date must be confirmed together so those claims are exported to KMAP together. Otherwise any lingering claims for that service for that client, on that date, are viewed by KMAP as duplicates.